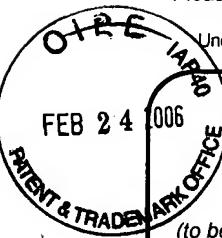


Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/717,547
Filing Date	November 23, 2003
First Named Inventor	Takehiko MAKITA
Group Art Unit	1765
Examiner Name	Duy Vu Nguyen DEO

Attorney Docket Number 31869-198826

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Continued Examination
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	26694 PATENT TRADEMARK OFFICE	
Signature	Thomas C. Schoeffler – Reg. No. 43,385	
Date	February 24, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:

Typed or printed name		
Signature	Date	

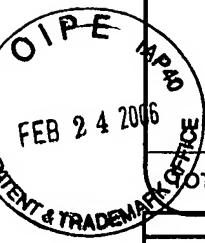


SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, 22313-1450.

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FEE TRANSMITTAL

Patent fees are subject to annual revision.



TOTAL AMOUNT OF PAYMENT (\$) 790

Complete if Known	
Application Number	10/717,547
Filing Date	November 21, 2003
First Named Inventor	Takehiko MAKITA
Examiner Name	Duy Vu Nguyen DEO
Group / Art Unit	1765
Attorney Docket No.	31869-198826

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

22-0261

Deposit Account Name

Venable LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee(\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1011	300	2011	150	Utility filing fee	
1012	200	2012	100	Design filing fee	
1013	200	2013	100	Plant filing fee	
1014	300	2014	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	
1081	250	2081	125	Utility App. Size Fee	
1082	250	2082	125	Design App Size Fee	
1083	250	2083	125	Plant App. Size Fee	
1084	250	2084	125	Reissue App Size Fee	
1085	250	2085	125	Prov. App Size Fee	

SUBTOTAL (1)

(\$0)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =	X =	
Multiple Dependent	** =	X =	

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2204	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims in excess of three
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES	Lrg Ent Fee Code (\$)	Sm Ent Fee Code (\$)	Fee Description	Fee Paid
1111	500	2111	250 Utility Search Fee	
1112	100	2112	50 Design Search Fee	
1113	300	2113	150 Plant Search Fee	
1114	500	2114	250 Reissue Search Fee	
1311	200	2311	100 Utility Examination Fee	
1312	130	2312	65 Design Examination Fee	
1313	160	2313	80 Plant Examination Fee	
1314	600	2314	300 Reissue Examination Fee	
1051	130	2051	65 Surcharge - late filing fee or oath	
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130 Non-English specification	
1812	2,520	1812	2,520 For filing a request for reexamination	
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251	120	2215	60 Extension for reply within first month	
1252	450	2252	225 Extension for reply within second month	
1253	1,020	2253	510 Extension for reply within third month	
1254	1,590	2254	795 Extension for reply within fourth month	
1255	2,160	2255	1080 Extension for reply within fifth month	
1401	500	2401	250 Notice of Appeal	
1402	500	2402	250 Filing a brief in support of an appeal	
1403	1,000	2403	500 Request for oral hearing	
1451	1,510	1451	1,510 Petition to institute a public use proceeding	
1452	500	2452	250 Petition to revive – unavoidable	
1453	1,500	2453	750 Petition to revive – unintentional	
1501	1,400	2501	700 Utility issue fee (or reissue)	
1502	800	2502	400 Design issue fee	
1503	1,100	2503	550 Plant issue fee	
1807	50	1807	50 Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180 Submission of Information Disclosure Stmt	
8021	40	8021	40 Recording each patent assignment per property (times number of properties)	
1809	790	2809	395 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395 For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395 Request for Continued Examination (RCE)	\$790
Other fee (specify)				

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$790)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY Complete (if applicable)	
Name (Print/Type)	Thomas C. Schoeffler
Signature	

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